BRIGADE DRILL TEAM & MARCHING SQUAD
PO Box 69446 SeaTac, WA 98188 (206) 331-6977

Family Medical Information: Participant's Emergency Information & Consent Form

In order that your child may receive prompt and appropriate medical treatment when you cannot be reached to give your consent, please read this form carefully and sign. Immediately return it to the Brigade Drill Teams & Step Squad. This record will be retained by the Brigade Drill Teams & Step Squad for the current season.

Name: _____
First MI Last

Home Address: _____

_____
City State Zip

Insurance Policy Holder's Name: _____

DOB: _____

Carrier: _____Group:_____

Policy# _____Group#_____ ID#_____

Family Physician Name: _____ Phone# ( ) _ _ _-_ _ _ _
Allergies: _____

Serious Medical Conditions: _____

Does your child have any medical conditions that prohibit her/him from fully participating in the activities of the Brigade Drill Teams & Step Squad? Yes □ No □

Does your child have any of the following?:

□ ADD/ADHD	□ Asthma	□ Bladder Disorder	□ Visual Impairment
□ Behavior Disorder	□ Allergies	□ Mental Disorder	□ Physical Disability
□ Learning Disability	□ Diabetes	□ Speech Disorder	□ Other
□ Developmental Disability	□ Epilepsy	□ Hearing Impairment	□ Other

Other (list other conditions from above here):

If you answered yes to any of the above; how are they managed the issues?

Is your child on any medication? Yes □ No □ If yes list here:

Please read the statement below and sign your name at the bottom.

I, _____, am the parent or guardian having legal custody of the child named above. I authorize all medical, surgical, diagnostic, and hospital care or procedures which may be performed or prescribed for my child by a licensed physician or hospital, when efforts to contact me are unsuccessful and when deemed immediately necessary or advisable by the physician to safeguard my child's health. I waive my right of informed consent to such treatment. I/we hereby grant consent to any and all health care providers designated by the Brigade Drill Teams & Step Squad's Executive Director or his/her designee to provide my child _____, any necessary medical care as a result of any injury/illness. This consent includes First Aid and transportation to/from health care providers.

CONSENT OF PARENT OR GUARDIAN

Signature: _____ Date: _____
Please designate: Parent □□ Legal Guardian □